



PROGRAM REGISTRATION FORM

CHILD & YOUTH SERVICES

FORT DETRICK

ORIGINAL REGISTRATION DATE:

PROGRAM START DATE:

SPONSOR INFORMATION

SPONSOR NAME (Last, First, Middle Initial):

DUTY/WORK STATUS (Circle One):

ACTIVE / RETIRED / ACTIVE RESERVE / DOD CIVILIAN / OTHER

SOCIAL SECURITY NUMBER:

BRANCH OF SERVICE:

RANK/GRADE:

HOME ADDRESS (Street, City, State, Zip Code):

DUTY/WORK ADDRESS (Include Zip Code):

On Post / Off Post (Circle One)

HOME PHONE NUMBER:

WORK PHONE NUMBER:

CELL PHONE NUMBER:

EMAIL ADDRESS:

SPOUSE INFORMATION

SPOUSE NAME (Last, First, Middle Initial):

HOME ADDRESS (Street, City, State, Zip Code):

HOME PHONE NUMBER:

SOCIAL SECURITY NUMBER:

DUTY/WORK ADDRESS (Include Zip Code):

WORK PHONE NUMBER:

CELL PHONE NUMBER:

DUTY/WORK STATUS (Circle One):

ACTIVE / ACTIVE RESERVE / DOD CIVILIAN / UNEMPLOYED / GOVERNMENT / RETIRED / STUDENT FULL-TIME / STUDENT PART-TIME / PRIVATE INDUSTRY / OTHER

CHILD INFORMATION

CHILD NAME (Last, First, Middle Initial):

DATE OF BIRTH (Month, Day, Year):

SOCIAL SECURITY NUMBER:

GENDER:

AGE:

SCHOOL:

GRADE:

AUTHORIZED RELEASE DESIGNEES: (INDIVIDUALS THAT ARE PERMITTED TO PICK UP YOUR CHILDREN)

NAME (LAST, FIRST)	HOME PHONE	CELL PHONE	WORK PHONE	EMERGENCY CONTACT
				YES / NO
				YES / NO
				YES / NO

PROGRAM DESIRED (✓)

CHILD DEVELOPMENT CENTER 0600-1800/ 301-619-3300 6 WEEKS – KINDERGARTEN		SCHOOL AGE SERVICES 0600-1800/ 301-619-2901 1 ST GRADE – 5 TH GRADE		MIDDLE SCHOOL & TEEN M-TH 6-7, F&S 6-9/ 301-619-3040 6 TH GRADE – 12 TH GRADE		FAMILY CHILD CARE 301-619-3405 6 WEEKS- 12 YEARS	
FULL DAY CARE		BEFORE CARE		BEFORE CARE		FULL CARE	
ACADEMIC ADVENTURES		AFTER CARE		AFTER CARE		HOURLY CARE	
HOURLY CARE		BEFORE & AFTER CARE		BEFORE & AFTER CARE			
BEFORE & AFTER KINDERGARTEN		HOURLY CARE		HOURLY CARE			
KINDERGARTEN SUMMER CAMP		WALK-IN		WALK-IN		SPORTS 301-619-2538	
		SUMMER CAMP		SUMMER CAMP			

If you have any questions please feel free to contact the Central Enrollment Office at 301-619-7100.